

## MENTAL HEALTH PLANNING AND ADVISORY COUNCIL

July 16, 2014, 10:00 am to 3:00 pm

Iowa Veteran's Home

1301 Summit Street, Marshalltown, Iowa

### MEETING MINUTES

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#### MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Teresa Bomhoff  
Kenneth Briggs Jr.  
Jim Chesnik (by phone)  
Jackie Dieckmann  
Jim Donoghue  
Kris Graves  
Gary Keller (by phone)  
Anna Killpack  
Sharon Lambert  
Amber Lewis  
Craig Matzke

Sally Nadolsky  
Donna Richard-Langer (by phone)  
Brad Richardson  
Jim Rixner  
Lee Ann Russo  
Christina Schark  
Dennis Sharp  
Gretchen Tripolino  
Kimberly Wilson  
Ann Wood

#### MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

Ron Clayman  
John Eveleth  
Diane Johnson  
Julie Kalambokidis  
Doug Keast

Todd Lange  
Lori Reynolds  
Joe Sample  
Kathy Stone  
Kimberly Uhl

#### OTHER ATTENDEES:

Ericka Miranda Bartlett	Mid-Eastern Iowa Community Mental Health Center
Connie Fanselow	DHS, MHDS, Community Services & Planning
Wayne Pierson	Education Specialist, Iowa Veteran's Home
Jodi Tymeson	Commandant, Iowa Veteran's Home

**WELCOME AND INTRODUCTIONS** – Chair Teresa Bomhoff called the meeting to order at 10:05 a.m. and led introductions. Teresa welcomed new members Anna Killpack and Craig Matzke to their first meeting and announced that Todd Noack has submitted his resignation from the Council. Wayne Pierson, IVH Education Specialist welcomed the Council to the Iowa Veteran's Home.

**NOMINATIONS COMMITTEE REPORT** – Chair Kim Uhl will not be able to continue to serve on the Council due to illness. The remaining Nominations Committee members are Dennis Sharp, Kris Graves, Ken Briggs, and Brad Richardson. The Committee will need to elect a new chair at its next meeting. Dennis Sharp indicated he would be

willing to serve as chair. Amber Lewis and Jim Chesnik volunteered to join the Committee.

Currently there is one vacancy for a parent of a child with SED and one vacancy for a person with lived experience with SMI. There are also three members who have missed three consecutive meetings and have not responded to inquiries. They are John Eveleth, Diane Johnson, and Kim Uhl. According the bylaws, their membership slots should be declared vacant. With those vacancies added, the Council needs to fill five slots:

- 3 new members who are parents, guardians, or primary caregivers of a child with SED
- 1 new members who is a person with lived experience with SMI
- 1 new member representing a public or private entity concerned with the need, planning, operation, funding, and use of mental health services and related support services

**MONITORING AND OVERSIGHT REPORT** – Chair Jackie Dieckmann reported that the committee met by conference call on June 20. Jackie, Jim Rixner, Kris Graves, and Connie Fanselow participated on the call. They made suggestions for several agenda items to gather more information:

- The Committee would like more info on Minkoff and Kline contract, with a focus on results, including what they have been doing (training and technical assistance) and how outcomes are tracked. They would also like to learn more about what is provided under the CDD Technical Assistance contract. Connie will talk to Theresa Armstrong and Mary Mohrhauser and try to schedule those updates for the September meeting.
- The Committee would also like an overall update on Block Grant spending and contract deliverables for the community mental health centers. Connie will include that in her discussions with Theresa and Mary.
- The Committee would like to invite Steve Johnson or someone from Magellan to come and talk about what in-home services are provided by Magellan. Connie will see if that can be scheduled for September.
- The Committee would like to request a presentation on Integrated Health Homes. Connie will explore scheduling that in September or November.

The Committee also discussed an idea to propose a statewide website where consumers can ask questions and get information about available service options, and report on and evaluate providers, especially for in-home services.

Todd Noack has resigned from the Council and Todd Lange is no longer able to serve on the M & O Committee. One or two new committee members are needed to replace them. Anna Killpack and Craig Matzke volunteered to join the M & O Committee.

The next meeting of the M & O Committee is scheduled for Friday, August 29, 2014, 11:00 am to 12:00, by telephone.

APPROVAL OF MAY MINUTES – Quorum was established with 18 members present and 3 participating by phone. Ken Briggs made a motion to approve the minutes of the May 21, 2014 meeting as presented. Sally Nadolsky seconded the motion. The motion passed unanimously.

## STATE AGENCY REPORTS

HOUSING – Amber Lewis reported. She said Terri Rosonke at the Iowa Finance Authority, who is a member of the Olmstead Consumer Task Force, deals with issues related to disability, including the HCBS rent subsidy program and has shared an update. The rent subsidy program recently opened up a waiting list to gather information that will help identify the unmet need. There are 89 on the waiting list so far, which is fewer than were expected. The program applies to people who receive Medicaid HCBS (1915(c)) Waiver services only.

A new rental housing locator website was launched in January that can be used by anyone, free of charge: <http://iowahousingsearch.org/Resources.html>. People who are looking for a place to live can search up-to-date listings of rental housing anonymously. People who own rental housing can list the units available for rental, including photos and information about amenities and neighborhood features. Users can apply search filters to help them find housing that meets their accessibility needs. It is also supported by a toll-free, bilingual call center at 1-877-428-8844.

Ten percent of units in new housing developments will be reserved for people with disabilities.

CORRECTIONS – Dr. Gary Keller reported. He said the IMCC is working to take care of everyone who comes in. They are receiving a number of complicated cases. A significant number of the people they see could have been served in a hospital or community-based setting, but did not receive the services, got in trouble with the law, and ended up being sent to IMCC. He said there are more psychiatrists available and things are stabilizing. There are now six full time psychiatrists in the corrections system, as well as part-time psychiatrists and residents. New staff counselors and social workers have been hired to coordinate reentry and help set up services for people after they are released. Training and expansion of programs on mental health are continuing.

Sharon Lambert asked what reentry plans look like. Dr. Keller responded that they involve coordination between DOC and DHS to get in touch with community programs and work together on the transition. They work to get the person on Medicaid, Social Security, or other programs or benefits as soon as possible. When prisoners are released they leave with 30 days of medication and prescriptions for 2 more months. They need to be able to connect with community resources to get the prescriptions filled and see providers. The first 90 days is important and mental health providers are not always readily available.

EDUCATION – Jim Donoghue reported. Iowa DoE applied for a combination of grants through the U.S. Department of Education and SAMHSA (Substance Abuse and Mental Health Services Administration). Project Aware focuses on training school staff in Mental Health First Aid. There will be 4 contract districts. Sioux City will be one of them. There will be more information on those grants in September. Jim noted that one of the Iowa school nurses conferences held each year was yesterday and he was pleased to see Teresa Bomhoff was there talking about mental health and NAMI.

The DoE has a challenging behaviors project to teach school and AEA (Area Education Agency) staff how to use ABA (Applied Behavioral Analysis) techniques. ABA techniques are often effective in teaching children on the autism spectrum.

Work is being done to better support children on IEPs (Individualized Education Programs) who are Medicaid eligible and are receiving health services in school. Jim noted that school nurses are managing much more medically fragile children than they used to because more children who used to be living in facility-based care are now living at home and attending their neighborhood schools.

MEDICAID - Sally Nadolsky reported. Medicaid Director Jennifer Vermeer has resigned effective August 24. She will be taking a position at the University of Iowa. The interim director will be Julie Lovelady, who has been Jennifer's Deputy Director. Julie has a nursing background. A national search will be conducted for a new Medicaid director. It is unlikely anyone will be hired until after the elections in November.

CMS (Centers for Medicare and Medicaid Services) will be coming to Iowa to conduct a site visit for IHAWP (Iowa Health and Wellness Plan). Magellan Health Services administers the mental health pieces of the plan. A large number of persons in the uninsured population have issues related to mental health and will fall into the eligibility category for IHAWP. They should have some funding for treatment available through Magellan. The Dental Wellness Plan will be managed by Delta Dental. There are 110,000 members enrolled in IHAWP so far (in the first six months) and the dental plan is experiencing significant growing pains.

The enrollment goal for the first year was 80,000, so Iowa has already exceeded that by 30,000 with almost six months left to go in 2014. Medically exempt numbers are coming up slowly and efforts are being made to get members to see providers for risk assessments and health behaviors assessments. So far, the Medically Exempt members have primarily been identified through physician referral, but now that there are about six months of claims data, that data can be used to find more potentially eligible members.

Jim Rixner commented that there are issues with the low reimbursement rates some insurance companies are paying for services. He said that in his region, each of the counties has set aside some money to continue to pay for people who fall through the cracks.

Christina Schark commented that before the IHAWP went into effect, about 50% of the people served at her CMHC were on Medicaid. Now it is more like 75%. She said it is important to try to get everyone who could qualify as Medically Exempt to apply and get access to the full benefits of the basic Medicaid program. She said she is seeing almost no funding directly from counties and that the insurance companies in the Marketplace have been difficult to work with.

Sally noted that one of the benefits people on regular Medicaid have is access to non-emergency medical transportation (NEMT). Iowa received a federal waiver to exclude NEMT from the IHAWP that is only good for one year. It will be reviewed and it may or may not continue.

Jim Rixner commented that the IHH program is working well, but finding people to get them enrolled has been time consuming and difficult. Sally commented that when IME (Iowa Medicaid Enterprise) stopped sending out Medicaid cards on a monthly basis, people stopped keeping the Department updated in their addresses, so that now when the Department is trying to reach out to people to get them signed up for Integrated Health Homes (IHHs) it is difficult to find current addresses for many.

A 1% provider rate increase retroactive to July 1, 2013 was approved by CMS and has been paid out.

A new MMIS (Medicaid Management Information System) contractor has been selected. The contract is not yet in place.

The first part of the standardized assessment process is being rolled out. The SIS (Supports Intensity Scale) will be used with people who have intellectual disabilities. Standardized assessments for mental health, brain injury, and all the populations served by HCBS Waivers will be identified and rolled out over about a three year period.

MENTAL HEALTH – Gretchen Tripolino reported. Gretchen said there are no new initiatives to report. There is an ongoing process of learning about the new MHDS regions and IHHs. Staff members are helping individuals fill out new applications with regions. There has been some impact on the ability to make out placements during this time of transition. The MHIs are staying full and have a waiting list of about 6 women and 6 to 8 men.

Teresa Bomhoff asked if MHIs would be open to expanding to serve the population of people with aggressive behaviors and those coming out of prison. She said that the Governor sent out an inquiry to find providers willing to serve difficult to place, aggressive individuals, or individuals with records of sexual offenses and did not receive any responses. Gretchen responded that doing so would require revamping of the MHI service structure and staff, but they do deal with many people who are aggressive and difficult. Teresa commented that they do not seem to fit within the MHIs, the corrections systems, or the community. They need to be in a place there they get what they need and others are protected.

Craig Matzke commented that unfortunately taking aggressive people to jail is the path of least resistance for law enforcement. It take a lot more time to go the hospital, sit with them, and try to convince someone to check them in. Even if the law enforcement officers take the time, they may still wind up having to take them to jail.

Gretchen commented that about 80% of patients come in to the MHIs on Medicaid, but they lose eligibility once they are there, so IM (Income Maintenance) workers have to coordinate getting them back on Medicaid then they are released. She said about 90% of the patients at the MHIs are court committed for treatment.

A break for lunch was taken at 11:55 a.m. Members had lunch in the IVH Atha Dining Hall.

The meeting resumed at 12:45 p.m.

ILEA TRAINING - Craig Matzke reported that the virtual tranquilizer training went well and a good diverse group of people participated, including folks from the mental health community and some elected officials. He said that September 25 will be the end of the time period for the first four hours of mandatory mental health training for law enforcement personnel. He said to let him know if anyone has materials related to training opportunities that they would like to have made available to law enforcement.

LEGISLATIVE ADVOCACY – Teresa Bomhoff shared three handouts that she said she plans to discuss more fully at the September Council meeting:

1. A handwritten list of legislative contests and candidates running for office in November. Teresa is involved in some legislative and candidate forums that are being planned.
2. A single sheet titled “History and Next Steps for Adult Mental Health System Redesign in Iowa” that outlines what has been accomplished and what actions are ongoing
3. A single sheet with NAMI Greater Des Moines legislative recommendations

Some highlights of the NAMI recommendations include:

- Making “core plus” services mandated services
- Requiring insurance companies to cover services that are mandated for counties
- Requiring insurance companies to cover treatment for autism spectrum disorders
- Requiring insurance companies to cover the use of Telehealth
- Offering incentives to increase workforce capacity
- Drafting framework legislations for a children’s mental health system
- Calling for a legislative study to improve Iowa’s HCBS Waiver system
- Creating a tax credit for retrofitting homes for accessibility

Teresa suggested using the NAMI recommendations as a starting place to develop legislative priorities for the Council.

Sharon Lambert said she would like to recommend adding something on restricting the use of Tasers and isolation solitary confinement. She said she has been gathering information on what some other states have been doing.

Teresa said she will be asking the IAMHR (Iowa Advocates for Mental Health Recovery) and the OCA (Office of Consumer Affairs) for suggestions on what the legislature can do to increase the number of Peer Support Specialists. She said is also talking to other groups and organizations to get their thoughts on what specific things the legislature can do to increase the availability of psychologists and other mental health professionals. Lee Ann Russo added that Iowa Vocational Rehabilitation Services (IVRS) has approved funding for Life Connections to conduct peer support training for job candidates who want to become Peer Support Specialists. She said IVRS would also be glad to fund others who could provide peer support training.

The members of the Legislative Priorities Committee are Teresa Bomhoff, Ken Briggs, Sharon Lambert, Todd Lange, Craig Matzke, Kim Wilson, and Ann Wood.

IOWA VETERAN'S HOME - Commandant Jodi Tymeson welcomed the Council to the IVH campus. Jodi said she has been pleased to serve as commandant since last October. IVH was established in 1887 as a place to care for Civil War veterans. It has been in operation since. Currently there is a lot of construction going on, including a major effort to convert all resident double rooms into private rooms with private showers.

- There are 585 residents in nursing and residential care:
  - 105 are in domiciliary care (Heinz Hall)
  - 480 are in nursing care
- IVH operates 24/7 with 967 staff members
- The campus is 150 acres
- They do 1.3 million pounds of laundry a year
- They have their own pharmacy and a very large kitchen operation
- The home is highly regulated by the Veteran's Administration (VA) and the Iowa Department of Inspections and Appeals (DIA)
- The DIA routinely inspects once a year and come in if there is any kind of self-report or complaint they feel they need to investigate
- IVH is a very large operation with lots of moving parts

Jodi says she believes the IVH provides an excellent quality of care. Each resident has assigned nursing care staff that includes a Resident Treatment Worker (RTW), which is equivalent to a CNA (Certified Nursing Assistant), an LPN (Licensed Practical Nurse), an RN (Registered Nurse) and a Nurse Supervisor. Each resident is assigned a primary care doctor, a social worker, a dietician, and a recreational therapist. There are four medical doctors on staff and the home contacts with a podiatrist, an optometrist, an orthopedist, a dentist, and a dermatologist, so residents can have appointments with those practitioners here on campus. The Iowa City or Des Moines VA hospitals are

used when residents need to be hospitalized. Residents can also go the VA health care centers for specialty appointments. The IVH provides transportation for all medical care appointments.

Domiciliary care is equivalent to living in an RCF (Residential Care Facility). It is for individuals who can take care of their own needs of daily living, but need some sort of supervision and are not able to live entirely on their own.

Residents also take buses to activities such as the Iowa State Fair and the state basketball tournaments. Bingo is very popular among the residents. Veterans' organizations come to the home to sponsor games and activities. Movies, games, and arts and crafts are available. Residents can participate in making ceramics, sewing, doing leather work, and weaving rugs. The Staff make an effort to ask residents what other activities they would like to have offered.

Jodi said the two newer buildings are located in the front of the property. The Fox Building is named after Amos Fox, who was the first resident. It is a nursing care building that contains 60 private living units. The Ulery Building is twice as big. It has 45 secure rooms and 75 semi-secure rooms for dementia care. There is sometimes a waiting list for those rooms and the home is looking at how to provide more. Residents receive treatment for whatever conditions they have, including mental health conditions. The mental health department has a psychiatrist, a psychiatric PA (Physician's Assistant), three psychologists, and a mental health registered nurse. Substance abuse counseling is available and the home hosts some community programs for NA (Narcotics Anonymous) and AA (Alcoholics Anonymous) groups. The IVH works hard to provide whatever care is needed in the least restrictive environment (LRE) appropriate for each person. They work with the Veteran's Administration and with private care providers for spouses.

To be eligible for care at the IVH, an individual has to be:

- An Iowa resident
- An honorably discharged veteran
- Eligible for VA health benefits
- In need of nursing facility level of care

Spouses and Gold Star Parents can also be served. If a service member is killed in action and has no spouse, some of their benefits are available to their parents; those parents are referred to as Gold Star Parents.

Jodi was asked if there are income requirements for entering the IVH. She explained that the annual budget for the Iowa Veteran's Home is \$80 million. They are a net budgeting agency. The direct appropriation from the State is less than 10% of the total. About \$50 million comes from Medicaid, Medicare, and private insurance coverage, and about \$20 million comes from per diem payments through the Veteran's Administration.



If a veteran is 70 to 100 percent service connected disabled, the VA will pay 100% of the cost of their care. For others, the details are worked out according to the programs and benefits the individual is eligible for and their ability to pay. So it is not free to live at the IVH, but the cost to each person is determined by considering their income along with a lot of other factors.

The daily cost of care is \$360. The VA pays about \$100 a day for nursing care and about \$47 for residential care. The cost is all inclusive of staffing, medications, transportation, activities, and meals.

The IVH is required to have less than 25% spouses in the total population. There are some female veterans living at the home, but no male spouses. Overall, the population is about 75% male and 25% female.

The veteran population includes:

- About 100 WWII vets
- About 100 Korean War vets
- About 200 Vietnam vets
- About 90 peace time vets
- And a handful of Gulf War vets

Jodi was asked if the IVH can take homeless veterans. She responded that the home is not a homeless shelter, nor is it a hospital, but homeless veterans who are eligible and in need of the level of care provided at IVH could be admitted. The VA has programs to reach out to and serve homeless veterans.

Veterans with TBI (Traumatic Brain Injury) are usually treated elsewhere by the VA. The IVH has had some younger veterans with brain injuries at times, but since the majority of the population is much older it does not seem to be the best option for them.

Ken Briggs asked if veterans who may have been exposed to Agent Orange are provided with information to help identify their needs related to exposure. Jodi explained that if a veteran has been exposed to Agent Orange, there are a lot of presumptive conditions for which claims would be automatically granted. She said that it is important to recognize that vets need to stay connected with their service officers for those kinds of reasons. She explained that each veteran has to have a service officer to make a claim for disability compensation. The service officer is typically from the VFW (Veterans of Foreign Wars), the American Legion, or the DAV (Disabled American Veterans). They have to do a lot of paperwork for the Veterans Benefits Administration to establish a claim for disability compensation. There is also the Veteran's Health Care Administration in the federal government. It is a complicated system and Jodi said they try to get the benefits side and the health care side talking to each other. She said they are looking at having an event where they invite the service officers from the different veteran's organizations to come to the IVH and talk about that.

Ann Wood asked about how day to day decisions are made at the IVH. Jodi explained the administrative structure. She said that she would be the CEO (Chief Executive Officer) and she works with a COO (Chief Operating Officer) who is the licensed nursing home administrator and a Vietnam veteran. He started at the IVH in January and has about 20 years of experience in nursing home administration. The COO supervises the divisions: There is a finance division administrator, a support division administrator, a resources division administrator, a nursing division administrator, and a medical director. Jodi added that the IVH is a part of State government and is organized in much the same way as state agencies, with divisions and bureau chiefs. Each nursing unit is headed by nurse supervisor who reports to a nursing services director or the administrator of nursing.

Jodi said they are constantly working to improve things. The conversion to private rooms with private showers is a big improvement for the residents.

Jim Rixner asked what philosophy of treatment they follow and if people recover from physical and mental issues and leave the IVH or if it is expected they will remain there until the end of their life. Jodi responded that people are discharged for a variety of reasons. They may regain some ability to function more independently, they may want to be closer to family, they may find more appropriate care, they may move to specialized VA care elsewhere, or they may leave for other reasons. There is a discharge planning process.

IVH works closely with the Veteran's Administration. The VA has some intensive dual diagnosis treatment programs available to vets. Jodi added that the veterans they work with have received excellent care from the VA hospitals in Iowa City and Des Moines.

Teresa Bomhoff asked if the IVH does PASRR (Preadmission Screening and Resident Review) evaluations to screen for mental illness or intellectual disability needs. Jodi responded that they do.

Craig Matzke asked Jodi to talk about her background and how she came to her position. Jodi responded that she served 33 years in the Iowa National Guard, was a teacher for about nine years, and served in the Iowa House of Representatives for 10 years. When Governor Branstad was looking for a Director for the Department of Veterans Affairs she accepted that position, and last year she was asked to come here as the Commandant.

In response to a question from Ann Wood, Jodi said that resident rights, choice, privacy, and dignity are all very important. The IVH has policies and guidelines that govern residents' rights. There is a Resident Council that meets on a regular basis and the Council leadership communicates with the administrative staff. She said the IVH is home to the residents and she believes it is important that it feels like home to them. Residents or the Resident Council can share any concerns they have.

Ken Briggs commented that members of the Mental Health Planning Council had heard a lot of negative things about veterans hospitals in the news, but that he knows far more veterans who are happy with their medical care than not and he thinks the health care workers in the VA system should know that.

The meeting was adjourned at 1:50 p.m. Commandant Tymeson led interested members of the Council on a short walking tour of the IVH campus.

Minutes respectfully submitted by Connie B. Fanselow.